

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Before the Board of Patent Appeals and Interferences

In re Patent Application of

Atty Dkt. -1331-138

von BORSTEL et al.

Serial No. 08/460,186

Filed: June 2, 1995

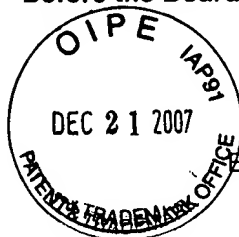
Title: TREATMENT OF CHEMOTHERAPEUTIC AGENT AND ANTIVIRAL AGENT
TOXICITY WITH ACYLATED PYRIMIDINE NUCLEOSIDES

Mail Stop Appeal Brief - Patents

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450



C# M#

Confirmation No.

TC/A.U.: 1623

Examiner: Khare, Devesh

Date: December 21, 2007

Sir:

☒ **Correspondence Address Indication Form Attached.**

☐ **NOTICE OF APPEAL**

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences
from the last decision of the Examiner twice/finally rejecting
applicant's claim(s).

\$510.00 (1401)/\$255.00 (2401) \$

☒ An appeal **BRIEF** is attached in the pending appeal of the
above-identified application

\$510.00 (1402)/\$255.00 (2402) \$ 510.00

☐ Credit for fees paid in prior appeal without decision on merits

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☐ A reply brief is attached.

(no fee)

☒ Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)

One Month Extension \$120.00 (1251)/\$60.00 (2251)
Two Month Extensions \$460.00 (1252)/\$230.00 (2252)
Three Month Extensions \$1050.00 (1253)/\$525.00 (2253)
Four Month Extensions \$1640.00 (1254)/\$820.00 (2254) \$ 2230.00

☐ "Small entity" statement attached.

Less month extension previously paid on

-\$ ()

TOTAL FEE ENCLOSED \$ 2740.00

Any future submission requiring an extension of time is hereby stated to include a petition for such time extension.
The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or
asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this
firm) to our **Account No. 14-1140**. A duplicate copy of this sheet is attached.

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NIXON & VANDERHYE P.C.
By Atty: Leonard C. Mitchard, Reg. No. 29,009

Signature: _____

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